स्तान सरकार को जोर डालकर, कि जो पंजाब को डि-स्टेब्लाइज करते के लिए नेताओं को वहां संरक्षण दे रही है उन नेताओं को वापिस बुलाने के लिये हमारी तरफ से क्या सरकार कोई कोशिश कर रही है?

एक बात और मैं कहना चाहता हूं कि सरकार ने अपने उत्तर में यह कहा कि बहुत ही स्ट्रोंग और स्टर्न मेजर्स लिये जा रहे हैं। लेकिन उन्होंने सारे मेजर्स के बावजूद भी जो सोफिस्टिकेटिड वेपंस हैं, वह पहले से ज्यादा आ रहे है। पहले ए.के.-47 और अब ए०के०-74 आ रहा है और ट्रेड इनफिलट्रेटर्स भी ज्यादा आ रहे हैं। तो क्या सरकार जो स्टर्न और स्ट्रोंग मेजर्स हैं, उनको बढ़ाने के लिए इंतजाम करेगी कि बोर्डर के ऊपर सुरक्षा पट्टी जो कांग्रेस की सरकार ने कांस्टीट्यशन में अमेंड करके अपने अधिकार में वह पावर ली थी, क्या वह सुरक्षा पट्टी वहां पर लगायेगी, जिससे कि प्रभावी ढंग से आना-जाना वहां रुक सके? मेरे यह दो स्पेसिफिक सवाल हैं।

SHRI M. M. JACOB: Madam, regarding the first part of the question asked by the hon. Member that if any culprit escapes to Pakistan and if we want to bring him back, it means extradition, we want the cooperation from the other Government for any extradition of this short.

Regardng the second part which the hon. Member has asked, we are continuously on the method of convincing the Pakistan Government about the necessity of cooperating in this particular field and prevent this kind of atrocity done against us.

Thirdly, regarding the security belt, this House has once in the past passed a resolution permitting the Parliament to make a legislation if a security belt is required for the nation at the border areas to seal it completely. Then at that time, after having consultations with the State Governments concerned whose territories are on the border, it was not found necessary for sealing like that by creating a security belt. But, at the same time, if every State feels that a security belt is the answer for that, we won't minr going in for that. But till then we have to resort to the other methods of providing check posts, fencing and the border roads wherever possible and so on and so forth.

डा० संजय सिंह: अभी हाल ही में पाकिस्तान में, अपने बॉर्डर के पास, पाकिस्तान के अंदर एक स्मगलर और एक बहुत बड़े कांट्रैक्टर के घर लड़की की शादी हुई थी और उसमें हिंदुस्तान के बॉर्डर से, हिंदुस्तान के अंदर की तरफ से पचासों कांट्रैक्टर वहां जमा हुए। यह कुछ महीने पूर्व का वाक्या है और दो-तीन दिन वह लोग वहां रहे। लाखों-करोड़ों खर्च करके बड़ी लंबी शादी हुई।

तो मैं इस सरकार के गृह मंत्री से पूछना चाहता हूं कि क्या ऐसी उनके पास व्यवस्था है कि ऐसे विशेष अवसरों पर शयमुक्त आवागमन के लिए, बिना पासपोर्ट, बिना वीजा लोगों के आवागमन की व्यवस्था है?

SHRI M. M. JACOB: Madam, about this marriage and all that, I need a specific notice.

THE DEPUTY CHAIRMAN: He was not invited.

AIDS holocaust in India

*102. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Health Organisation warns of an AIDS holocaust in India as reported in the Indian Express dated the 9th June, 1992;

(b) if so, whether Government have since contemplated any steps on

the warning of World Health Organisation on spread of AIDS in India; and

(c) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA): (a) No, Sir.

(b) and (c) A Statement is laid on the Table of the House (See below)

Statement

(b) and (c) The Government is seized of the situation and fully recognises its dangerous potential. The following measures have, therefore, been taken to contain the spread of the deadly disease:

(i) Safety of blood and blood products has been improved by strengthening and modernisation of blood banks. Out of a total number of 608 Government blood banks in the country, 138 have been fully equipped for observing the prescribed procedure laid down in the Drugs and Cosmetics Rules, including screening of blood for HIV infection. The Rules for regulating the working of blood banks and screening of every unit of blood for HIV infection have been notified in the Rules framed under the Drugs & Cosmetics Act, 1940. The Drug Controller of India has also instructed the manufacturers of blood products to comply with the guidelines issued in this behalf. In order to further tighten the enforcement of the guidelines, Govt. is taking steps to make the approval of Drug Controller (India) mandatory for licensing of blood and blood products.

(ii) 128 surveillance centres/ zonal centres have already been established for regular screening of blood samples particularly from high risk individuals. Another 52 such centres are being set up.

(iii) Appropriate health education measures are being undertaken by the Central Health Education Bureau with the cooperation of State Health Education Bureaux. Non-governmental organisations, marketing agencies and educational institutions etc. have also been involved in the efforts to prevent the transmission of HIV infection through information, education and communication.

A National AIDS Control Project estimated to cost Rs. 255 crores is to be implemented during the coming five years beginning 1992-93 with the assistance of the World Bank. The programmes under this Project mainly consist of:—

— strengthening of programme management capacity.

— improving blood safety and rational use.

—promoting public awareness and community support.

— building surveillance and clinical management capacity.

— controlling sexually transmitted diseases.

The programme management capacity for implementation of the nationwide AIDS Control Project has been strengthened as follows:—

(i) The establishment of National AIDS Control Board (NACB) has been approved by the Government under the Chairmanship of the Union Health Secretary for expeditious implementation of the Programme by exercising the requisite financial and administrative powers and by providing policy guidance to the apex implementa-

tion agency, namely, National AIDS Control Organisation (NACO). Government have also approved that the NACB will be assisted by a National AIDS Committee, which will advise the Government on policy matters.

(ii) The National AIDS Control Organisation (NACO) has been established under a Project Director in the rank of an Additional Secretary to the Government of India. The Additional Director of NACO is a senior technical person in the rank of a Joint Secretary to the Government of India.

(iii) The establishment of a Technical Advisory Committee, under the Chairmanship of the Director General of Health Services, has been approved by the Government for advising and assisting the National AIDS Control Organisation on t echnical matters relating to I.E.C., STD control, blood safety, epidemiological research, etc. etc.

(iv) Monthly monitoring of the blood safety and AIDS Surveillance Programme is being done in a Cell under NACO.

Scheme for Providing Financial Protection to the Medical para-medical personal who contract H.I.V. infection

A scheme has been drawn by the Government of India, Ministry of Health and Family Welfare for providing protection to Government Medical and Para-Medical Personnel against H.I.V. infection. This scheme is based on a similar scheme as available to defence personnel who get killed/disabled while in action. The details of the benefits approved by the Govt. and to be provided are as follows:—

1. *Personnel who contract HIV infaction but do not succumb to the diseases*:

(a) Health workers and Non-Medical Personnel working in the Government who contract HIV infection while providing patient care will draw the same emoluments as they were drawing at the time of contracting HIV infection, till the date of their retirement and will be entitled to family pension. All medical care and treatment for illness will be provided by the Government. In the event of the incumbent leaving Government services he/she will not be entitled to any of the non-salary benefits, such as Government accommodation, city compensatory allowances, subsidised loan, N.P.A. etc.

(b) *Personnel who contract the disease and succumb to AIDS*:

(i) The spouse will be entitled to pension equivalent to the last pay drawn till the date of superannuation had he/she lived and continued in service.

(ii) The spouse will be eligible to family pension calculated on the basis of the salary disbursed on the date of superannuation.

(iii) Gratuity will be reckoned upto the date of normal superannuation of the deceased and will be disbursed in one lumsum.

SHRI KRISHNA KUMAR BIRLA: Madam, the AIDS study in India is at a pace comparable to that in Africa. Already the problem has confronted us head on and the things may get out of hand. This is the opinion of the WHO officials in Geneva. The situation is not entirely hopeless but vigorous efforts are required to tackle the problem. The Minister seems to be complacent. She says: "The Government is seized of the situation". It may be so but the act is that the curent estimate of infection is about 5 lakh and if the distase is

not checked, the number may rise to one million by the end of the century. This is a very alarming and grim picture it is clear therefore that the steps taken by the Government of India to check this disease are inadequate and in a period of five years, there is a several-fold increase in AIDS cases which is alarming. My question is, in view of the dismal failure on the part of the Government to check the spate of AIDS, what additional endeavours are being contemplated by the Government to contain this fatal disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAR): Madam, I thank Mr. K. K. Birla for drawing the attention of the Government towards the prevention of AIDs. So far as his first question is concerned, I mean whether there is AIDS holocaust in the country, I have replied in the negative that there is no holocaust as such.

SHRIMATI RENUKA CHOWDHURY: Please define 'holocaust'. ..(*Interruptions*) ...

SHRI M. L. FOTEDAR: He feels that perhaps we are complacent. I emphasise that the Government is not at all complacent, but we do not want to create an alarm that there is going to be an AIDS holocaust or volcano or anything like that in the country. We recognise the problem as a very serious problem in the country. He has mentioned about the African situation and the Indian situation. I want to make a distinction between African and Indian situation. And there s a significant difference. In Africa in a report we have observed that there are males who have many female partners and there are females who are reported to have many male partners also; that is why it has spread very rapidly and very alarmingly. But we are fortunate that in India a male may have some partners, but a female does not usually have partners as they have in Africa. So that is a silver lining in India.. ...(*Interruptions*) ...

SHRI MURASOLI MARAN: That is not true about Bombay. ...(*Interruptions*) ...

SHRI M. L. FOTEDAR: That is a silver lining. That i s a silver lining. Second thing, what we have done is...(*Interruptions*) ... No; he was saying about Africa. I am showing the difference between India and Africa. The second thing the hon. Member has said is that nothing has been done. I may tell the hon. Member that we have constituted boards at the highest level. The same way we have constituted committees at the lower levels and the States are also expected to have those committees. What we are doing is to modernise all blood banks in the country. There are about 608 blood banks ..(Interruption)..

SHRI GURUDAS DAS GUPTA: Are you speaking of economic bank or blood bank?

SHRI M. L. FOTEDAR: I said 'blood bank'.

THE DEPUTY CHAIRMAN: Blood bank.

SHRI M. L. FOTEDAR: We are modernising all the blood banks in the public sector in the districts, in the States and in the country; that we are doing.

Now, the third question he has asked is what we are going to do. I can tell the hon. Member that we have received some complaints that the paramedical staff or the doctors are not giving adequate attention towards this human problem or they are not attending to the HIV-AIDS patients. I have given him a reply that those people, those medical professionals or those paramedical staff who will deal with the AIDS patients will be treated as if they are working as the Defence personnel in action. Suppose, somebody contracts an infection...(interruptions)... That is why I want to tell everybody. So we are taking suffi-

cient, appropriate measures to check it, to prevent it. The hon. Member must know and I would like to tell the hon. House that AIDS disease is a disease which is not curable. Only the behaviour of the people, the attitude of the people has to be changed.

उपसभापति : बिड़ला जी, आप दूसरा सवाल पूछेंगे, नहीं तो मैं आगे बढ़ूं ?

श्री एन० के० पी० साल्वे : आप इजाजत दें तो मैं पूछ लूं ?

उपसभापति : अगर बिड़ला जी इजाजत दें तो जरूर पूछ सकते हैं। . . .

SHRI KRISHNA KUMAR BIRLA: Madam, I only want to say that his reply is quite exhaustive, but he has not replied to one main question and that is: Is he certain that he will be able to stop the spread of AIDS in this country? That was the main question to which the Minister has not replied.

SHRI M. L. FOTEDAR: I must tell the hon. Member that we have the will, the political will and the commitment to take measures for the prevention of AIDS and for that I would like to have the support of the people also, the support of this House also... (Interruptions)...

SHRI GURUDAS DAS GUPTA: Madam, the Congress has the political will to stop this AIDS it is very good ... (Interruptions)...

SHRI M. L. FOTEDAR: For that what is necessary is... (Interruptions)

THE DEPUTY CHAIRMAN: It is a serious question.

SHRI M. L. FOTEDAR: For that what is necessary is to create an atmosphere, to have a massive propoganda and I would request the hon. Members also that they should also support us and tell us what the behaviour of the people is, what the attitude of the people is towards this and they must also support in the massive campaign that we have launched... (Interruptions)...

SHRIMATI RENUKA CHOWDHURY: No, no. Madam, let me say at the outset that this is not a laughing matter. All right. And let us not have this ridiculous approach that women when they talk about it are of questionable reputation. This is a global threat. Madam, this is a global threat and I am sorry to disagree with the hon. Minister. He has certainly not updated his knowledge with the medical facts. This is definitely a holocaust unless he wants to define the word "holocaust" in a different way. India has no information centres: We don't import enough ELISA test instruments which are required to determine AIDS; we don't have enough hospital ward and personnel, and, I am told, there is not enough incubating system whereby they can deal with the patients. There was a proposal by Members that we should have an AIDS sanitarium like old leper colonies. People who have AIDS should be segregated. It is possible. It s not just that it is only due to sexual promiscuity. There is a question in this country and in the world today whether it is being brought out by biotech warfare. This is one of the viruses that has escaped and this was used by certain superpowers in the world in their human warfare system. However, this has not been substantiated. Regarding the information they are giving to the public, Madam all public centres, railways stations, bus stations, etc. must have posters. Publicity through doordarshan...

THE DEPUTY CHAIRMAN: You may ask your question.

SHRIMATI RENUKA CHOWDHURY: Madam, my question is: Have they got any information centres? Have they notified the dental centres, beauty parlours, barber shops? You can spread AIDS through them. It is a myth that if we have a monogamous relationship it will be contained. When an AIDS patient goes

to a barber shop or a dental centre, if the barber does not sterilise his instruments—he cannot sterlise his instruments—if the dental drill bits are not sterilised, they will be contaminated. This is so sad. (Interruptions)....

THE DEPUTY CHAIRMAN: Now, Mr. Minister.

SHRIMATI RENUKA CHOWDHURY: Now, I would request the Minister that he must do his homework. How can he given answer like this in Parliament that there is nothing to worry about? It is frightening. It is a terribly wrong attitude on the part of the Minister. (Interruptions).

THE DEPUTY CHAIRMAN: You put your question and that is enough. (Interruptions)...

SHRIMATI RENUKA CHOWDHURY: The point is that the Minister i not aware. (Interruptions)... No, it is true. (Interruptions)...

THE DEPUTY CHAIRMAN: Mrs. Renuka Chowdhury, you put your question. Let him answer. How can you pre-empt him that he does not know? (Interruptions)... Mr. Minister, please. (Interruptions)... Let him answer. Before he answers how can you say that he does not know?

SHRI M. L. FOTEDAR: Madam, I would like to tell the hon. Member that perhaps she would not have asked the question had she seen part (ii) of the answer about the surveillance centres that we have established in the country. We have a total of 128 surveillance centres and zonal blood centres. But surveillance centres are only for examining cases of high risk group pepole. (Interruptions)...

SHRIMATI RENUKA CHOWDHURY: That is not an answer. (Interru tions)...

THE DEPUTY CHAIRMAN: Please let him answer. (Interruptions)... I won't allow you. Don't please interrupt. (Interruptions)... I am not permitting interruptions. (Interruptions)

SHRI M. L. FOTEDAR: I will explain. I am being modest in replying to the question. (Interruptions)...

THE DEPUTY CHAIRMAN: Don't interrupt, please.

SHRI M. L. FOTEDAR: For the high risk group people, for people who are commercial sexual workers, we have kept surveillance centres. The second question he has asked is: What are we doing so far as the media is concerned? Are we taking appropriate measures in creating awareness among the people? I would like to tell the hon. Member, we have started a scheme rihgt from 1991 in respect of what we have to do on TV, what we have to do through the radio, what we have to do in the newspapers, what we have to do about the printed materials, exhibits, cinema slides, NGOs and other voluntary organisations. If the hon. Member wants, I can send her a copy of the scheme of what we are doing in this respect. I can tell the hon. Member we have recognised this as a very, very serious problem in the country and we are taking appropriate measures in that regard. I would not like to create an alarm in the country at this stage. I have already said that in 1986 there was only one AIDS case.

SHRIMATI RENUKA CHOWDHURY: One detected case.

SHRI M. L. FOTEDAR: Yes, one detected case. Now there are 194. There are about 8,000 odd cases of HIV positive. This figure, I assume, is a very serious figure and with whatever is possible we are coming to the aid of the people who are suffering from AIDS.

THE DEPUTY CHAIRMAN: Shri N. K. P. Salve. (Interruptions)

SHRIMATI RENUKA CHOWDHURY: Whether this point has been...(interruptions).

THE DEPUTY CHAIRMAN: This is not a discussion. We are not sitting on a discussion.

SHRI M. L. FOTEDAR: As the hon. Member has asked, we have issued necessary guidelines to all the State Governments, to all the State hospitals about how and what they have to do in dealing with AIDS. I will send you a copy of the guidelines.

SHRI N. K. P. SALVE: I am very respectfully in disagreement with the hon. lady Member so far as the Minister's reply is concerned. He has replied to the question with considerable authority and knowledge excepting that I must protest againt his statement that males are promiscuous and ladies are not. Mathematically it is not possible that way. (interruptions). Be that as it may...

SHRIMATI JAYANTHI NATARAJAN: It is not true. (Interruptions).

SHRI N. K. P. SALVE: I did not listen to her but I am sure she will not object to what I am saying.

SHRIMATI JAYANTHI NATARAJAN: I do object.

SHRI N. K. P. SALVE: All right, then she can please herself by saying that males are more promiscuous. I don't know what her experience is but I am talking of my experience...

SHRIMATI JAYANTHI NATARAJAN: Mine is considerably less than yours.

SHRI N. K. P. SALVE: My age is thrice her age. (interruptions). My question is this. An expert on AIDS was telling me in Maharashtra, who is rendering service to the Health Department of Maharashtra in the office of the Minister of State for Health that by sexual transmission AIDS comes to two in 100. But due to blood transfusion and blood contamination it is 1000 out of 1000. Is this correct? If this is correct, then controlling AIDS in India should not be very difficult. You have said that you are upgrading various measures to see that this blood contamination and blood transmission does not come through blood. What precise measures are you taking to ensure... (*Interruptions*).

THE DEPUTY CHAIRMAN: Let him ask his question. You have had your chance. Please don't interrupt. It is my request to you. He has done his home work very well.

SHRI N. K. P. SALVE: Madam, I can't do homework on his subject.

THE DEPUTY CHAIRMAN: He has done his homework well. Let him ask. It is a very serious matter. Let us be very serious about it.

SHRI N. K. P. SALVE: I was never more serious in my life. If statistics and if this mode of transmission is correct that it is only through blood contamination, then I would like to know what precise measures have been taken to ensure that this type of transmission is effectively put to an end.

THE DEPUTY CHAIRMAN: And also that plasma based injection is used for prevention of other diseases.

SHRI M. L. FOTEDAR: Madam, I am very grateful to the hon. Member that he has helped me in coming to the brasstacks of the problem. Blood transfusion is one of the ways for transmitting HIV positive infecton or getting the AIDS disease. What are have done is, we have issued instructions/guidelines to all the hospitals that before the blood s transfused to any patient, that blood must be checked to see whether it has any HIV free or not. After it is checked that it is not HIV positive, it will be transfused. That is why all the blood banks in the country...

SHRI N. K. P. SALVE: Is any law being made to that effect?

SHRI M. L. FOTEDAR: I have said that guidelines have been issued.

SHRI N. K. P. SALVE: Why don't you make a law?

SHRI M. L. FOTEDAR: Now what we are doing is, we have issued guidelines to the State Governments. The State Governments have examined this. We have invited objections from others under the Drug Control Act. The Drug Controller of India has been given the authority. All the objections which we have received from different States or other organisations are being examined. I think, within one or two months we will issue the necessary guidelines and make it mandatory for everybody to see that they are complied with.

THE DEPUTY CHAIRMAN: Dr. Jain: (Interruptions). I know that they are asking the same questions.

DR. JINENDRA KUMAR JAIN: Madam, sexual transmission is an important mode of spread of HIV. Prostitutes are the most vulnerable and the highest risk group people. Now it is an established scientific fact that for the effective control of AIDS disease this group of population needs to be identified and educated about AIDS including safer sex. I know of several countries in the world which after the detection of AIDS, have changed their laws and have organised national association of prostitutes to help this most vulnerable group and the high-risk people to control the transmission of the disease. In our country the law prohibits and does not recognise the prostitutes though all of us know that this evil practice, this evil social practice very much exists. Prostitutes are banned and thereby their identification and detection is not possible. I would like to know from the hon. Minister whether he is contemplating something with regard to change in legislation. If he does not propose to change the legislation then how does he propose to help this most vulnerable section of our population?

THE DEPUTY CHAIRMAN: I thought you are going to ask a medical question being a doctor.

SHRI M. L. FOTEDAR: I am very happy that the hon. Member who is himself a doctor and a social worker or a social leader has asked this question. It is a fact that sex is one of the modes, rather a more important mode for the transmission of the disease and there is no doubt about it. As he is already aware prositution is not permitted under the law in our country. What we should do is to inculcate a more responsible sex behaviour. Perhaps a responsible sex behaviour will also make life, family life more happy and more regulated. That is the best thing we can do and for that I would like the association and help of the hon. Member. We can find out the number of prostitutes operating in the red-light areas in the country. But it is difficult for us to find out what is happening in the Five Star hotels. I am seeking the assistance of the Home Ministry also. This is a difficult problem and in all humility I would not like to discuss all these details. I can assure the hon. Member that all possible action with regard to detection and prevention of spreading of AIDS is being taken. We are aware of it and we are taking effective measures.

SHRIMATI RENUKA CHOWDHURY: Madam, what about the clients who go there? They are more dangerous... (Interruptions)...

THE DEPUTY CHAIRMAN: Q. No. 103. Shri Chaturanan Mishra.